



# Pharmacology Final

1. A group of chemicals secreted by the adrenal cortex and are referred to as adrenal cortical hormones are also known as?: *corticosteroids*
2. A serum level of 10-20 ug/ml of theophylline has what effect?: *therapeutic*
3. A serum level of greater than 20 ug/ml of theophylline has what effect?: *nausea*
4. A serum level of greater than 30 ug/ml of theophylline has what effect?: *cardiac arrhythmias*
5. A serum level of greater than 40-45 ug/ml of theophylline has what effect?: *seizures*
6. A serum level of less than 5 ug/ml of theophylline has what effect?: *no effect*
7. Accumulation of eosinophils results in what condition?: *Increased airway obstruction*
8. ACE inhibitors interfere with what system?: *Angiotensin*
9. Acetylcysteine is incompatible with what antibiotics?: *Ampicillin, Amphotericin B, Erythromycin, tetracycline*
10. ACTH stimulates the Adrenal cortex to release what?: *Corticosteroid*
11. Activation of T lymphocytes results in production of what?: *IgE*
12. Acute antihypertensive works directly on \_\_\_\_\_ and dilates \_\_\_\_\_ and \_\_\_\_\_ circulation?: *peripheral blood vessels--- arterial--- venous*
13. Angiotensin 2 antagonists inhibits angiotensin by \_\_\_\_\_ not by inhibition.: *blockade*
14. Angiotensin receptors are responsible for what?: *Vasoconstriction*
15. Antiadrenergic central activity drugs do what to the circulatory system?: *inhibits vasoconstriction*
16. Antiadrenergic central activity drugs target what receptors in the circulatory system?: *Alpha 2*
17. Antiadrenergic peripheral activity drugs do what to vascular smooth muscle and peripheral resistance?: *Relaxes smooth muscle, decreases peripheral resistance*
18. Antibiotics work because they inhibit or alter the bacteria's ability to do what?: *Inhibit of cell wall synthesis, alter cell membrane permeability, inhibit protein synthesis, inhibit Nucleic Acid synthesis*
19. Antigen-specific IgE binds to what cells?: *Mast*
20. Antiplatelet agents interfere with what?: *the role of platelets*
21. Antiviral agents include what 3 drugs?: *Ribavirin, Acyclovir, AZT*
22. Antiviral agents were developed for treatment of what disease?: *HIV*
23. Approximately how many cilia are there per cell?: *200*
24. Asthma stimulates and releases chemical mediators from what cells?: *Mast*
25. Azmacort is \_\_\_\_\_ and has a \_\_\_\_\_ systemic effect?: *topically active, minimal*
26. Beta 1 blocking drugs do what to Cardiac output and BP?: *Lowers it.*
27. Beta adrenergic blockade drugs block beta 1 receptor sites where?: *in the heart*
28. Beta-Lactam Antibiotics are \_\_\_\_\_ and inhibit \_\_\_\_\_?: *Bactericidal, cell wall synthesis*
29. Cephalosporin Second generation, affects what type of bacteria?: *gram positive and some gram negative*
30. Cephalosporin, First generation affects what type of bacteria?: *gram positive*

31. **Cephalosporins third generation, affects what type of bacteria?:** *expanded gram negative use*
32. **Cilia are approximately \_\_\_\_\_ Microns in length?:** *2-5*
33. **Cilia beat approximately \_\_\_\_\_ times per minute?:** *1200-1300*
34. **Define proteolysis?:** *Breaking down of proteins.*
35. **Dosages of Theophylline greater than 20 ug/ml can cause what side effects?:** *Nausea, Cardiac Arrhythmias, Seizures*
36. **During the Diurnal steroid cycle what gradually rises and falls?:** *ACTH and Cortisol*
37. **Exosurf is a mixture of what 3 substances?:** *DPPC, Cetyl alcohol and tloxapol*
38. **From where is Surventa obtained?:** *Cow lung*
39. **Give 2 advantages for giving Bitolterol?:** *Rapid onset, Long duration*
40. **Give 2 examples of Vasodilators.:** *Apresoline, Minoxidil*
41. **Give 2 indications for Metaproterenol.:** *Asthma, Bronchospastic disorders*
42. **Give 2 Nicotinic effects.:** *Stimulates ACH at ganglia and skeletal muscle sites--Causes increase in BP and muscle tremor.*
43. **Give 2 representative drugs that are antiadrenergic peripherals.:** *Catapres, Minipress*
44. **Give 2 representative thrombolytic agent drugs.:** *Urokinase, Streptokinase, Activase*
45. **Give 2 trade names for Erythromycin.:** *Blaxin and Zithromax*
46. **Give 3 beta 1 blocking drugs.:** *Lopressor, Inderal, Corgard*
47. **Give 3 clinical applications for Corticosteroids.:** *Control of asthma, treatment for bronchospasm, control allergic responses*
48. **Give 3 clinical uses for theophylline?:** *Management of asthma and COPD, Treats apnea in premature newborns, CNS stimulents*
49. **Give 3 indications for giving a Neuromuscular blocker.:** *Facilitate ET Intubation, Muscle paralysis, Facilitate Mechanical Ventilation.*
50. **Give 3 representative ACE inhibitor drugs.:** *Lotensin, Capoten, Vasotec*
51. **Give 3 representative drugs that are antiadrenergic central activity drugs.:** *Aldomet, Catapres, Wytensin*
52. **Give 3 routes of administration for sympathomimetic drugs.:** *Inhalation--Oral--Parenteral*
53. **Give 3 secretory structures in the upper and lower airways.:** *Surface epithelial cells, subepithelial cells, submucosal glands.*
54. **Give 4 indications for administering a parasympatholytic?:** *Used in treatment of bronchitis, COPD, Certain types of Asthma, Blocks the action of Acetylcholine*
55. **Give 4 Primarily Beta 1&2 Drugs:** *Isoproterenol Isoetharine Salbutamol Terbutaline*
56. **Give 4 representative antihistamine drugs.:** *Benadryl, Tavist, Seldane, Claritin*
57. **Give 6 physiologic effects of Xanthines.:** *CNS Stimulation, Skeletal muscle stimulation, bronchodilation, Pulmonary and coronary vasodilation, Cardiac Stimulation, Diuresis.*
58. **Give a medication that causes proteolysis in mucus.:** *Dornase Alpha*
59. **Give a representative antiplatelet drug.:** *Aspirin*
60. **Give an example of a angiotensin 2 antagonist drug.:** *Cozar*
61. **Give an extremely potent and common example of a loop diuretic?:** *Lasix*

62. **Give some representative drugs for expectorants.:**  
*Potassium Iodide, Guaifenesin*
63. **Give some side effects for corticosteroids.:** *Cushing's Disease, Hypertension, Aggravation of diabetes Mellitus, aggravation of Peptic Ulcers, Psychosis, Adrenal atrophy*
64. **Give the action of Pulmozyme?:** *Decreases the viscosity by breaking down extracellular DNA*
65. **Give the classification of Pirbuterol?:** *Noncatecholamine*
66. **Give the Dosage for Pulmozyme.:** *1 ampule (2.5 mg in 2.5 ml solution) qid*
67. **Give the drugs and dosage for DuoNeb.:** *SVN Ipratropium (0.5 mg) & Albuterol (3.0 mg) tid*
68. **Give the drugs and dosages for Combivent.:** *MDI Ipratropium and Albuterol (2 puffs, qid)*
69. **Give the indications for Albuterol?:** *Bronchospasm, Asthma*
70. **Give the mechanism of action for Epinephrine.:** *Mixture of strong Alpha, Beta 1 and Beta 2*
71. **Give the recommended dosage for Salmeterol?:** *50 ug BID : MDI 2 puffs*
72. **Give the representative drugs that are Antitussives?:**  
*Hycodan, Benylin, Tessalon*
73. **Give the trade names for 5 aerosolized corticosteroids.:**  
*Decadron, Beclovent, Azmacort, Aerobid, Flovent*
74. **Glucocorticoid drugs do what?:** *raise the overall steroid level in the body*
75. **How do you prepare a 300 mg dose for NebuPent?:**  
*Reconstitute with 6 mls of sterile water*
76. **How does aminoglycosides affect bacteria?:** *by distorting and preventing protein synthesis*
77. **How is Exosurf stored and how is it reconstituted?:**  
*Powder, 8 ml of sterile water.*
78. **How many inhalations per day is taken of Azmacort?:**  
*12-16 inhalations/day*
79. **How would you deliver ethyl alcohol to the patient and what % dose?:** *SVN 30-50%*
80. **HPA suppression does what to the hypothalamus and pituitary glands?:** *decreases adrenal production*
81. **HPA suppression occurs how?:** *With exogenous administration of steroids*
82. **In the sympathetic Branch, what is the neurotransmitter at the ganglionic synapse?:** *ACH*
83. **In the Sympathetic Branch, what is the neurotransmitter at the neuroeffector site?:**  
*Norepinephrine*
84. **In the sympathetic Branch, what is the principle neurotransmitter?:** *Norepinephrine*
85. **Inflammation happens in the body because of what response?:** *Immunologic (Allergic) Response*
86. **Is Exosurf a synthetic or natural surfactant?:** *Synthetic*
87. **Is Survanta a natural or synthetic surfactant?:** *Natural*
88. **Liquifying expectorants are considered \_\_\_\_Mucolytics?:** *true*
89. **List some actions of Corticosteroids.:** *Stimulates glucose formation, Suppresses inflammatory responses, regulates the rate of protein synthesis, regulates lipid metabolism, controls distribution of fat increases Hb and RBC, maintains skeletal function.*
90. **Mast cells release what 3 inflammatory mediators?:**  
*Prostaglandins, leukotrienes, histamine*
91. **Mediator release causes an inflammatory response and is manifested as what?:** *Vascular leakage, bronchoconstriction, mucus secretion and mucosal swelling*

92. **Mucomyst is also used to counteract what overdose?:**  
*Acetaminophen*
93. **Mucus is comprised of \_\_\_% H<sub>2</sub>O and \_\_\_% mucin?:**  
*95-5*
94. **Name 2 antihypertensive drugs.:** *Nipride, Nitroglycerine*
95. **Name 2 categories of Neuromuscular blockers.:**  
*Nondepolarizing agents and Depolarizing agents*
96. **Name 2 drug names of surfactant.:** *Exosurf, Surfactant*
97. **Name 2 Nondepolarizing drugs.:** *Curare, Pavulon*
98. **Name 2 Resorcinols.:** *Metaproterenol--Terbutaline*
99. **Name 3 common systemic steroids.:** *Hydrocortisone, Prednisone, Cortisone*
100. **Name 3 drugs that are strong Alpha, Beta1 and Beta 2.:**  
*Epinephrine Racemic Epinephrine Ephedrine*
101. **Name 3 drugs that are strong Alpha, Beta1 and Beta2.:**  
*Epinephrine, Racemic Epinephrine, Ephedrine*
102. **Name 3 indications for Epinephrine.:** *Acute Bronchospasms--Acute allergic emergencies--Intracardiac stimulant*
103. **Name 3 primarily Alpha Drugs:** *Norepinephrine Phenylephrine Cyclopentamine*
104. **Name 3 primarily Alpha drugs.:**  
*Norepinephrine--Phenylephrine--Cyclopentamine*
105. **Name 3 sympathomimetics used in treating cough and colds.:** *Decongestants, Topical application, Systemic application*
106. **Name 4 Catecholamines.:**  
*Epinephrine--Isoproterenol--Isoetharine--Racemic Epinephrine*
107. **Name 4 primarily beta 1&2 drugs.:**  
*Isoproterenol--Isoetharine--Salbutamol--Terbutaline*
108. **Name 5 characteristics of Saligenins.:** *Modification of catecholamine, Are beta2 selective, Minimal cardiac effects, Minimal side effects, Longer onset but lasts longer.*
109. **Name 6 physiologic effects of Xanthines?:** *CNS stimulation, Skeletal Muscle Stimulation, Bronchodilation, Pulmonary and coronary vasodilation, Cardiac stimulation, Diuresis*
110. **Name a drug that competitively blocks alpha 1, beta 1 & 2 receptors.:** *Labetalol*
111. **Name an antibiotic that can be inhaled.:** *Gentamycin*
112. **Name some side effects for NebuPent.:** *Cough, SOB, bad taste, bronchospasm, wheezing, spontaneous pneumothoraces*
113. **Name some side effects for Virazole.:** *Worsening pulmonary condition, cardiovascular instability, rash, conjunctivitis*
114. **Name the classic Xanthine derivative.:** *Theophylline*
115. **NebuPent is what type of agent?:** *Antiprotozoal*
116. **Osmotic Diuretics are filtered through?:** *Glomerulus*
117. **Osmotic Diuretics are not reabsorbed in the?:** *Tubules*
118. **Other than Asthma give some therapeutic uses of steroids.:** *Bronchitis, arthritis*
119. **Parasympatholytic Bronchodilators are also known as?:**  
*Anticholinergic Agents*
120. **Parasympatolytics do 3 things, what are they?:** *Block parasympathetic activity--Blocks bronchoconstrictive activity--Block secretory glands*
121. **Potassium-Sparing Diuretics block what?:** *Na<sup>+</sup> reabsorption*
122. **Prophylactic Antiasthmatics work by inhibiting what?:**  
*the release of histamines and leukotrienes (SRSA)*
123. **Pure parasympathetic stimulation causes what reaction?:** *Bronchoconstriction*
124. **Surface active agents such as Detergents do what to control mucus?:** *Affect surface tension*
125. **Survanta is a mixture of what 2 substances?:** *Bovine and DPPC*

126. **T/F Antiadrenergic peripheral drugs do not interfere with peripheral sympathetic activity?:** *False*
127. **The action of sympathomimetic drugs occurs by stimulation of \_\_\_\_\_ located where \_\_\_\_\_?:** *Beta 2 receptors--Bronchial smooth muscle*
128. **The anti-inflammatory effect of corticosteroids is due to what?:** *the ability to inhibit the activity of inflammatory cells and mediators of inflammation.*
129. **The HPA Pathway consists of what 3 organ systems?:** *Hypothalamus, Pituitary, Adrenal Axis*
130. **The immunologic response occurs from T lymphocytes interacting with what?:** *an antigen*
131. **The renal function excretes what?:** *Nitrogenous waste products*
132. **The renal function filters what electrolytes?:** *Na+, K+, Cl-*
133. **The renal function regulates what balance?:** *Acid base*
134. **The side effects of atropine are "dose related," 0.5 mg or more produces \_\_\_\_\_ 2 mg or more produces \_\_\_\_\_?:** *Dry mouth, Blurred vision, tachycardia and pupil dilation.*
135. **The site of action Parasympatholytics target are?:** *Central airways, Larger airways*
136. **The term "Cholinergic" refers to what neurotransmitter?:** *ACH*
137. **The term "Cholinergic" refers to what neurotransmitter?:** *ACH*
138. **Theophylline is considered a \_\_\_\_\_ bronchodilator.:** *Third line*
139. **Theophylline therapy is considered a \_\_\_\_\_ drug for asthma.:** *First line*
140. **To achieve maximum therapeutic bronchodilation, the optimum serum level of theophylline is \_\_\_\_\_ ug/ml?:** *10-20*
141. **True or False, Aerobid is shorter acting than Azmacort?:** *False*
142. **True or False, Systemic steroids have fewer side effects?:** *False*
143. **Vasoconstrictors are used primarily to what?:** *Support Blood Pressure*
144. **Vasodilators directly affect relaxation of what?:** *Vascular smooth muscle*
145. **What % saline is a hypertonic solution?:** *anything above 0.9%*
146. **What % saline is a hypotonic solution?:** *0.45%*
147. **What % saline is an isotonic solution?:** *0.9%*
148. **What 2 sympathomimetics should never be given together?:** *Epinephrine--Isoproterenol*
149. **What 3 actions cause the lysis of mucus?:** *Proteolysis, pH Adjustment, disulfide disruption*
150. **What 3 ways is exogenous surfactant obtained?:** *Humans, Animals, Lab synthesis*
151. **What 5 disease states are an indication for sympathomimetic bronchodilators?:** *Asthma--Acute&Chronic bronchitis--Emphysema--Systic fibrosis--Bronchiectasis.*
152. **What aerosolized corticosteroid has a built in spacer device?:** *Azmacort*
153. **What agents are mediators of local inflammatory responses.:** *Antihistamine agents*
154. **What antiinfective agent is derived from streptomyces and amino sugars?:** *Aminoglycosides*
155. **What are 2 characteristics of parasympatholytics?:** *Competitive inhibitor of ACH, Inhibits exercise induced asthma*
156. **What are 2 side effects of Loop Diuretic administration.:** *Hypochloremia and Hypokalemia*

157. **What are 3 representative drugs for Antifungal agents?:** *Amphotericin B, Mycstatin, Fluconazole*
158. **What are some complications of surfactant therapy?:** *Airway occlusion, bradycardia, desaturation, hyperoxia, hypocarbia, apnea, pulmonary hemorrhage*
159. **What are some effects of antihistamines?:** *antihistaminic, sedative, anticholinergic*
160. **What are some effects that disease has on mucus?:** *Changes in volume, changes in color, changes in odor, changes in viscosity.*
161. **What are some examples of wetting agents?:** *Dilutents, Sterile water, Normal saline, hypotonic saline, Hypertonic saline.*
162. **What are some indications for surface active agents?:** *Treatment of pulmonary edema and IRDS*
163. **What are some side effects of Mucomyst?:** *Bronchospasm, excessive liquification, stomatitis, nausea*
164. **What are some side effects when taking aerosolized steroids.:** *Thrush, Candida Albicans.*
165. **What are the 2 drugs that make up Advair Diskus?:** *Fluticasone Propionate and Salmeterol*
166. **What are the 2 layers of the mucociliary blanket?:** *Sol & Gel layers*
167. **What are the 2 most popular trade names for Beclamethasone?:** *Vanceril, Beclovent*
168. **What are the 2 trade names for Metaproterenol?:** *Metaprel--Alupent*
169. **What are the 3 types of steroids produced by the adrenal cortex?:** *Cortisol, aldosterone, testosterone*
170. **What are the benefits and disadvantages of using Advair Diskus?:** *Longer lasting but slower onset.*
171. **What are the contraindications for Zyflo?:** *theophylline and coumadin*
172. **What are the effects of Depolarizing agents?:** *Shorter acting, No antidote.*
173. **What are the indications for aminoglycosides?:** *for treating gram negative bacilli*
174. **What are the indications for Antifungal Agents?:** *Fungal infections, Candida albicans, Blastomycoses, Aspergillosis*
175. **What are the indications for Beta-Lactam Antibiotics?:** *treatment of infections caused by streptococcal or staphylococcal species, haemophilus influenzae, gonococcal, syphilis*
176. **What are the indications for Tetracyclines?:** *Mycoplasma pneumonia*
177. **What are the indications for the use of sympathomimetic bronchodilators (Adrenergics)?:** *Relaxation of bronchial smooth muscle to reverse or improve airflow obstruction, ie (COPD)--Reverse Bronchoconstriction.*
178. **What are the indications for Theophylline?:** *Management for asthma and COPD, treat apnea in premature newborns.*
179. **What are the mechanism of action for expectorants?:** *Facilitate removal of mucus from lower respiratory tract*
180. **What are the side effects of Pulmozyme?:** *Pharyngitis, laryngitis, rash, chest pain, conjunctivitis*
181. **What condition is characterized by inflammation in the lungs?:** *Asthma*
182. **What cycle prepares the body for stress?:** *Diurnal Steroid Cycle*
183. **What device is used to deliver Ribavirin?:** *SPAG unit*
184. **What Diuretic is used to prevent acute renal failure?:** *Mannitol*
185. **What do antihistamine agents target?:** *H1 receptor antagonists*
186. **What do Loop Diuretics inhibit in the Loop of Henle?:** *reabsorption of Na<sup>+</sup> and Cl<sup>-</sup>*
187. **What do parasympatholytics primarily do?:** *Block parasympathetic activity*

188. **What do thrombolytic agents convert plasminogen to?:** *Plasmin*
189. **What do you not do when handling survanta?:** *Do not shake it.*
190. **What does TPA stand for?:** *Tissue Plasminogen Activator*
191. **What drug is a classic Osmotic diuretic?:** *Mannitol*
192. **What drug is the most popular for disulfide disruption?:** *Mucomyst*
193. **What drug is used as a prophylactic and chronic treatment of asthma?:** *Zyflo*
194. **What drug is used for the treatment for Pneumocystis carinii pneumonia?:** *NebuPent*
195. **What drugs would be indicated for shock?:** *Dopamine, Epinephrine, Isuprel*
196. **What effect does ethyl alcohol have on surface tension?:** *lowers it*
197. **What health condition increases eosonophils and neutrophils?:** *Asthma*
198. **What is a representative drug for Sulfonamides?:** *TMP-SMX*
199. **What is a representative Potassium-Sparing drug?:** *Aldactone*
200. **What is the action for Isotharine?:** *Bronchodialator*
201. **What is the action for Terbutaline?:** *Bronchodilation*
202. **What is the andtidote for Coumadin?:** *Vitamin K*
203. **What is the antidote for Heparin?:** *Prolamine*
204. **What is the Chronic Therapy dose for Theophilline?:** *16mg/kg per 24 hrs*
205. **What is the chronic therapy dose for theophylline?:** *16 mg/kg per 24 hours*
206. **What is the classification for Accolate?:** *Prophylactic Asthmatic*
207. **What is the classification for Antiviral agents?:** *Interferons*
208. **What is the classification for Bitolterol?:** *Pro-Drug*
209. **What is the classification for Epinephrine?:** *Sympathomimetic*
210. **What is the classification for Isoproterenol?:** *Catecholamine--Powerful bronchodialator*
211. **What is the classification for Salmeterol?:** *Long lasting Beta 2 specific Bronchodilator*
212. **What is the classification for Tetracyclines?:** *Bacteriostatic, bactericidal*
213. **What is the classification for Virazole?:** *Antiviral*
214. **What is the classification of Antitussives?:** *Cough Suppressant*
215. **What is the clinical application for Surfactant?:** *Prevention of IRDS in preemies, prevention of IRDS in Low birth weight infants, rescue treatment of infants with IRDS*
216. **What is the device used in the administration of NebuPent?:** *Respigard II Nebulizer*
217. **What is the dosage for Accolate?:** *Oral tablet, 20 mg BID*
218. **What is the dosage for Acetylcysteine?:** *10% solution 6-10 ML and 20% solution 3-5 ML*
219. **What is the dosage for Exosurf?:** *5 ml/kg in 2 divided doses.*
220. **What is the dosage for Flunisolide?:** *BID*
221. **What is the dosage for Pentamidine?:** *300 mg via aerosol q4/weeks, (prophylactic) 600 mg qd x 21 days*
222. **What is the dosage for Ribavirin?:** *20 mg/ml solution, 12-18 hours/day, 3-7 days*
223. **What is the dosage for Survanta?:** *100 mg/kg*
224. **What is the dosage for Zyflo?:** *600 mg QID*
225. **What is the effect of Muscarinic drugs?:** *Stimulates ACH receptors at the paracymphathetic sites.*
226. **What is the effect of Xopenex?:** *Greater bronchodilation*

227. **What is the indication for Antituberculosis agents?:** *treatment of mycobacterium bacillus*
228. **What is the indication for Cipro?:** *treatment for Pseudomonas in Respiratory system*
229. **What is the indication for Isotharine?:** *Useful in the treatment of asthma.*
230. **What is the indication for Pulmozyme?:** *Treatment of cystic fibrosis*
231. **What is the indication for Racemic Epinephrine?:** *Asthma--Croup--Glottic Edema--Post extubation--Stridor*
232. **What is the indication for Terbutaline?:** *Asthma, Bronchospastic disorders*
233. **What is the indication for Virazole?:** *RSV, influenza, herpes simplex virus*
234. **What is the indications for Cephalosporins?:** *Broad-spectrum activity for klebsiella*
235. **What is the indications for Erythromycin?:** *Respiratory, GI, Skin/tissue infections, Mycoplasma, and legionella pneumonia*
236. **What is the indications for Intal?:** *to prevent asthmatic reactions, prevent exercise-induced bronchospasm and allergic rhinitis.*
237. **What is the indications for Mucomyst?:** *Thick retained mucoid secretions*
238. **What is the indications for Sulfonamides?:** *Treatment of intestinal infections and UTI's*
239. **What is the initial dose of Theophylline?:** *5mg/kg*
240. **What is the initial oral dose for theophylline?:** *5 mg/kg*
241. **What is the main action of Neuromuscular blocking agents?:** *Interruption of transmission of nerve impulse at skeletal neuromuscular junction resulting in paralysis*
242. **What is the major risk for patients treated with anticoagulants?:** *Bleeding*
243. **What is the maximum number of inhalations for Beclamethasone?:** *12-16 inhalations/day*
244. **What is the MDI dosage for Atrovent?:** *36 mcg or (18mcg/puff qid)*
245. **What is the mechanism of action for Accolate?:** *Leukotrine receptor antagonist*
246. **What is the mechanism of action for Cephalosporins?:** *inhibition of cell wall synthesis*
247. **What is the mechanism of action for Depolarizing agents?:** *Stimulates and prolongs depolarizing of the post synaptic receptors.*
248. **What is the mechanism of action for erythromycin?:** *Inhibits protein synthesis*
249. **What is the mechanism of action for Fluoroquinolones?:** *Inhibits Neucleic Acid Synthesis*
250. **What is the mechanism of action for Isoproterenol?:** *Strong Beta 1 and Beta 2--Negligible Alpha*
251. **What is the mechanism of action for Metaproterenol?:** *Bronchodilation*
252. **What is the mechanism of action for Tetracyclines?:** *Interfere with protein synthesis*
253. **What is the mechanism of action of Racemic Epinephrine?:** *Strong alpha, less beta 1 and 2--Relaxes bronchial smooth muscle--Reduces bronchial edema by vasoconstriction.*
254. **What is the mode of action for Nondepolarizing agents?:** *Blocks receptor sites usually reached by acetylcholine through competitive inhibition.*
255. **What is the mode of action for Thiazide Diuretics?:** *Inhibits Na<sup>+</sup> and Cl<sup>-</sup> reabsorption in the distal tubules*
256. **What is the molecular size delivered for NebuPent?:** *1-2 microns*
257. **What is the most common treatment for decreasing intraocular pressure?:** *Carbonic anhydrase inhibitors*
258. **What is the onset and duration for Depolarizing agents?:** *Muscle paralysis in 1-1.5 minutes, duration is 10-15 minutes.*



259. **What is the onset and duration for Isoproterenol?:**  
*Rapid--20 minutes*
260. **What is the onset and duration of Nondepolarizing agents?:** *1-2 minutes max, effect 2-10 minutes (typical dose 30-60 minutes)*
261. **What is the primary action for Isotharine?:** *Beta 2--Little Beta 1--Slight Alpha*
262. **What is the primary indications for the use of Corticosteroids?:** *To prevent or reduce inflammation, treatment of severe asthma.*
263. **What is the primary representative Depolarizing drug?:**  
*Succinylcholine*
264. **What is the principle mechanism of action for surfactant?:** *Lowers alveolar surface tension*
265. **What is the recommended dosage for Advair Diskus?:** *1 puff BID*
266. **What is the recommended dosage for Albuterol?:** *2.5 mg TID or 0.5 mls q6h*
267. **What is the recommended dosage for Atropine?:** *0.2% (1mg/0.5ml) or 0.25mg/kg TID or QID*
268. **What is the recommended dosage for Bitolterol?:** *1.25 mls q8h*
269. **What is the recommended dosage for Epinephrine?:**  
*0.25-0.5 cc q4h or 4-8 drops q4h*
270. **What is the recommended dosage for Isoproterenol?:**  
*0.25-0.5 ml q3-4h*
271. **What is the recommended dosage for Isotharine?:**  
*0.25-0.5 ml q4h*
272. **What is the recommended dosage for Metaproterenol?:**  
*MDI 2-3 inhalations q2-4h: Nebulizer: 0.2-0.3 mls of 5% solution q4-6h*
273. **what is the recommended dosage for Pirbuterol?:** *MDI 0.2 mg/puff, 2 puffs/dose Q6h*
274. **What is the recommended dosage for Terbutaline?:** *2.5 mg Tablet TID, Inhalation 1-2 mls of 0.1% solution*
275. **What is the recommended dosage for Xopenex?:** *0.63 mg and 1.25 mg q8h*
276. **What is the representative carbonic anhydrase inhibitor drug?:** *Diamox*
277. **What is the representative Thiazide Diuretic drugs?:**  
*Hygroton, Diuril*
278. **What is the route and dosage for Spriva?:** *DPI 18 mcg, 1 inhalation, QD*
279. **What is the route of administration for Metaproterenol?:** *MDI, Nebulizer, PO*
280. **What is the route of administration for NebuPent?:**  
*inhalation or parenteral*
281. **What is the Route of Administration for Osmotic Diuretics?:** *IV*
282. **What is the route of administration for Pirbuterol?:**  
*MDI, PO*
283. **What is the SVN dosage for Atrovent?:** *500 mcg tid or qid*
284. **What is the therapeutic range and oal when using theophylline to achieve bronchodilation?:** *Serum level of 10-20 ug/ml*
285. **What is the trade name for Albuterol?:** *Proventil, Ventolin*
286. **What is the trade name for Bitolterol?:** *Tornalate*
287. **What is the trade name for Cromyln Sodium?:** *Intal*
288. **What is the trade name for Dornase Alfa?:** *Pulmozyme*
289. **What is the trade name for Flunisolide?:** *Aerobid*
290. **What is the trade name for Fluoroquinolone?:** *Cipro*
291. **What is the trade name for Isoproterenol?:** *Isuprel*
292. **What is the trade name for Isotharine?:** *Bronkosol*
293. **What is the trade name for Levalbuterol?:** *Xopenex*
294. **What is the trade name for Pentamidine?:** *NebuPent*

295. **What is the trade name for Pirbuterol?:** *Maxair*
296. **What is the trade name for Racemic Epinephrine?:** *Vaponephrine*
297. **What is the trade name for Ribavirin?:** *Virazole*
298. **What is the trade name for Salmeterol?:** *Serevent*
299. **What is the trade name for Terbutaline?:** *Bricanyl, Brethine*
300. **What is the trade name for Trimcinolone Acetonide?:** *Azmacort*
301. **What is the trade name of Ipratoprium Bromide?:** *Atrovent*
302. **What is the treatment regimen for patients with TB?:** *Multiple drug therapy for 6 and 9 months*
303. **What is the typical result when giving Thiazide Diuretics?:** *Water loss*
304. **What is used to treat acute pulmonary edema?:** *Ethyl Alcohol*
305. **What is used to treat or prevent Pseudomonas aeruginosa?:** *Inhaled Antibiotics*
306. **What mechanism is responsible for propelling debris and foreign materials out of the lower airways?:** *Mucociliary escalator*
307. **What molecular size is delivered to the lungs using a SPAG Unit?:** *1.3 microns*
308. **What must a user of aerosolized steroids do after administration?:** *Must rinse mouth and gargle after use.*
309. **What must be done when taking oral steroids?:** *must be weaned off.*
310. **What must you always give before you treat a patient with Mucomyst?:** *Give a bronchodialator*
311. **What must you do after giving a patient a Neuromuscular blocking agent?:** *Monitor the patient.*
312. **What representative drugs that are detergents?:** *Alevaire, Tergemist*
313. **What route of administration for theophylline is preferred for acute episodes?:** *IV*
314. **What route of administration for theophylline is preferred for maintenance therapy?:** *PO*
315. **What should be checked 1-2 hours after immediate release from the hospital?:** *Theophylline levels*
316. **What should you do before giving Isoproterenol?:** *Get a baseline of HR 100-200 BPM*
317. **What should you monitor while treating a patient with Isuprel and when should you stop giving the treatment?:** *Patients heart rate--When the patients HR increases 20% past baseline.*
318. **What should you not do 24 hours after the administering of a thrombolytic agent?:** *Stick the patient*
319. **What surfactant is a protein-free synthetic surfactant?:** *Exosurf*
320. **What surfactant is produced outside the patients body?:** *Exogenous surfactant*
321. **What was the first available MDI?:** *Decadron Respihaler*
322. **When the hypothalamus is stimulated it releases what?:** *CRF*
323. **When the Pituitary gland is stimulated it releases what?:** *ACTH*
324. **Where do Osmotic Diuretics primarily act?:** *Proximal tubules*
325. **Where is Exosurf administered in the body?:** *Instilled directly into the trachea on inspiration*
326. **Why are Osmotic Diuretics given via IV?:** *to decrease intracranial or intraocular pressure*